Trauma-Informed Classrooms

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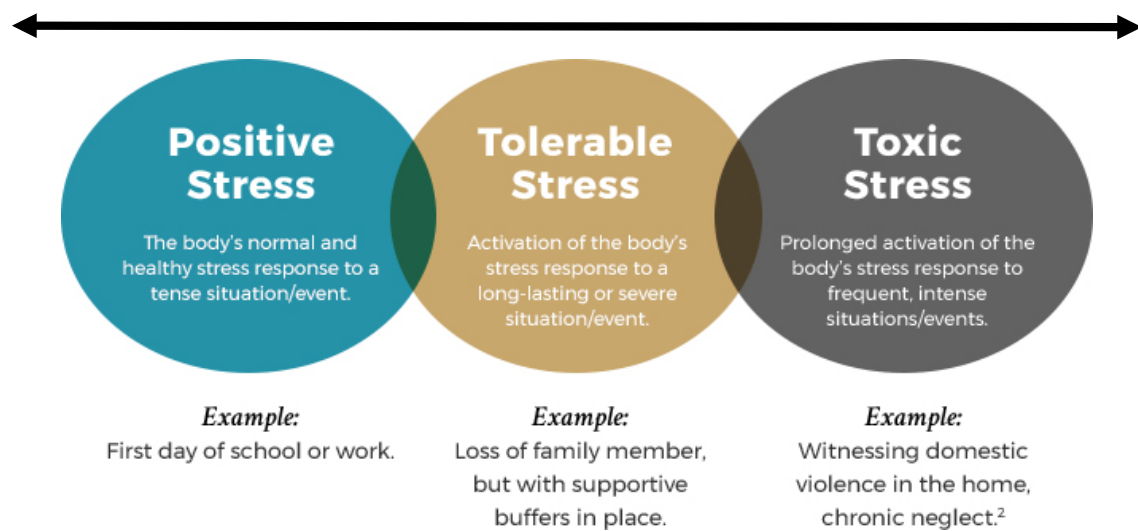
Agenda

- What is "trauma"?
- What do we know about trauma?
- How do we identify kids who are experiencing trauma?
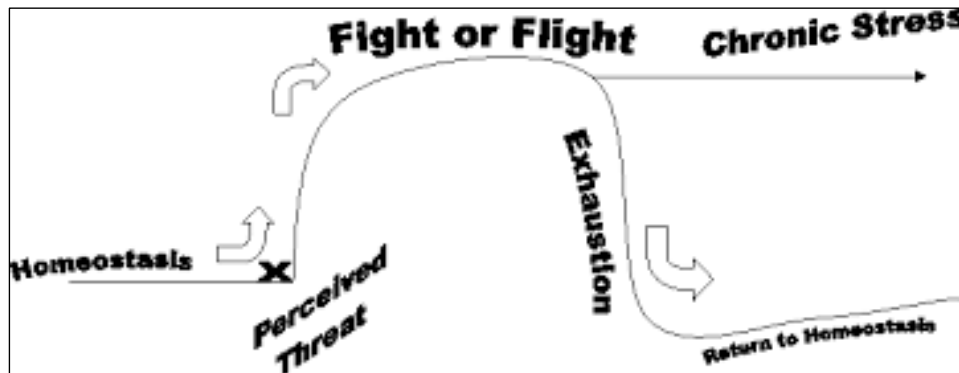- How can we help kids who are experiencing trauma?

What is Trauma?

▸ **Trauma is an individual's response to distressing events that the person experiences, witnesses, or learns about that involve actual or threatened death, serious injury, or sexual violence** (American Psychiatric Association, 2013)

▸ **Experiences could include:**
  - ▸ Emotional abuse or neglect
  - ▸ Sexual abuse
  - ▸ Domestic or community violence
  - ▸ School violence or bullying
  - ▸ Natural or man-made disasters
  - ▸ Exposure to war, terrorism, or refugee conditions
  - ▸ Medical trauma.

Normal Stress vs. Trauma or Toxic Stress

Positive Stress
The body's normal and healthy stress response to a tense situation/event.

Tolerable Stress
Activation of the body's stress response to a long-lasting or severe situation/event.

Toxic Stress
Prolonged activation of the body's stress response to frequent, intense situations/events.

Example:
First day of school or work.

Example:
Loss of family member, but with supportive buffers in place.

Example:
Witnessing domestic violence in the home, chronic neglect.[2]

Normal Stress vs. Trauma or Toxic Stress

Student Examples

1. Group Trauma

2. Cumulative Trauma

3. Acute Trauma

Trauma Symptoms

Affective

- Fear
- Anxiety
- Depression
- Anger
- Affect Dysregulation

Interpersonal

- Withdraw from peer relationships
- Engage with other peers who have experienced similar events

Cognitive

- Blame self for the event
- Guilt for not doing something differently
- Over-generalization regarding lack of safety or trust in other adults

Trauma Symptoms

Behavioral

- Avoiding or overreacting in typical situations
- Increased violent/ sexualized behaviors
- Substance use/risky behavior

Biological

- Hypervigilance
- Reduced memory, concentration, and executive functioning

Share many of the same topographies as other disorders!
(see table)

However, some children do not have symptoms even after experiencing traumatic events….

Spectrum of symptoms
Acute → Chronic
Mild → Severe
Immediate → Delayed
** Each symptom may have its
own trajectory in each domain

Mild

Acute

Delayed

Immediate

Severe

Chronic
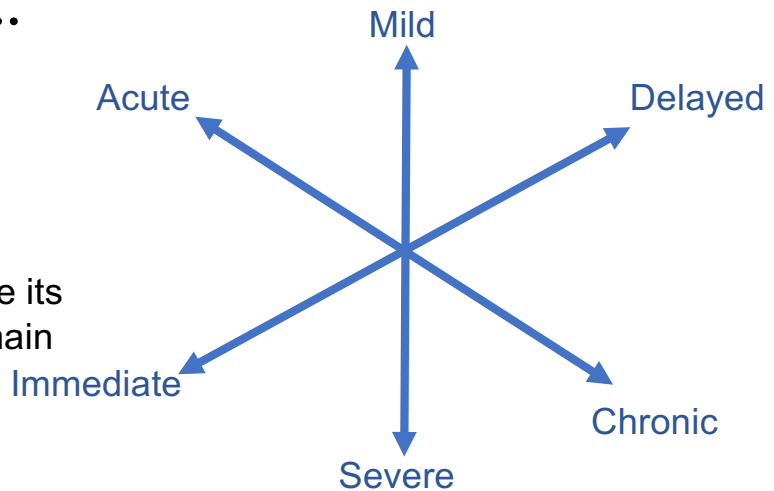
"Children and families possess competencies, psychological resources, and <u>resilience</u> - often even in the face of significant trauma that can protect them against long-term harm."

- National Child Traumatic Stress Network

Protective and Resilience Factors

- ▶ Support from parents, friends, family, school, and community.
- ▶ Feeling safe at home, school, and in the community.
- ▶ Possessing high self-esteem and positive sense of self-worth.
- ▶ Possessing a sense of self-efficacy
- ▶ Having a sense of meaning in one's life
- ▶ Possessing talents or skills
- ▶ Possessing effective coping skills

(National Child Traumatic Stress Network)

Protective and Resilience Factors

Brianna

- Older sibling assaulted
- Perceived low parental support
- Poor attendance (school/treatment)
- Mental Health

- Sexual Assault
- Family Conflict
- Risky Behavior (substance use)
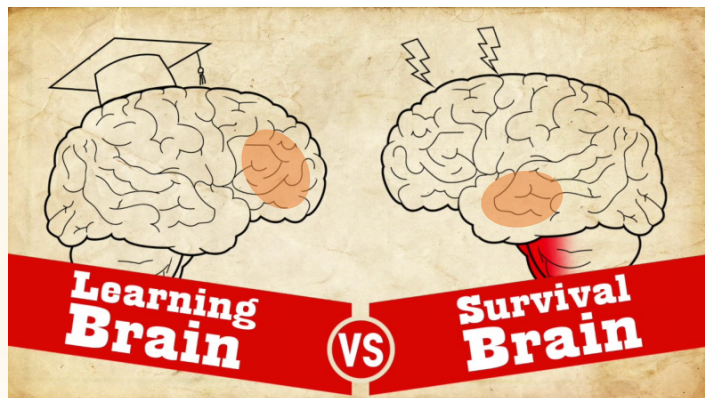- Social Support* (family, friends)

Tasha

- Parents Divorced
- Risky Behavior (sexually active)
- Social support* (school staff)
- Increased self-* esteem/self-worth
- Learned to cope* appropriately
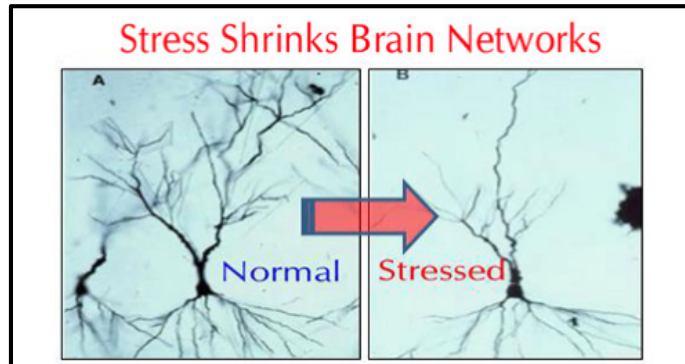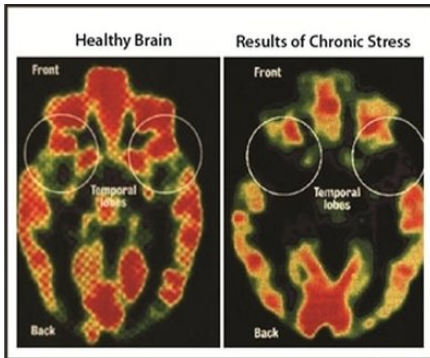- School supports/* accommodations

Risk Factors
Protective Factors*

What do we know about Trauma?

What do we know about how Trauma affects the brain?

Chronic Stress can actually change your brain!

The Influence of **Adverse Childhood Experiences** Throughout the Lifespan

- Early Death
- Disease, Disability and social problems
- Adoption of Health-risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences
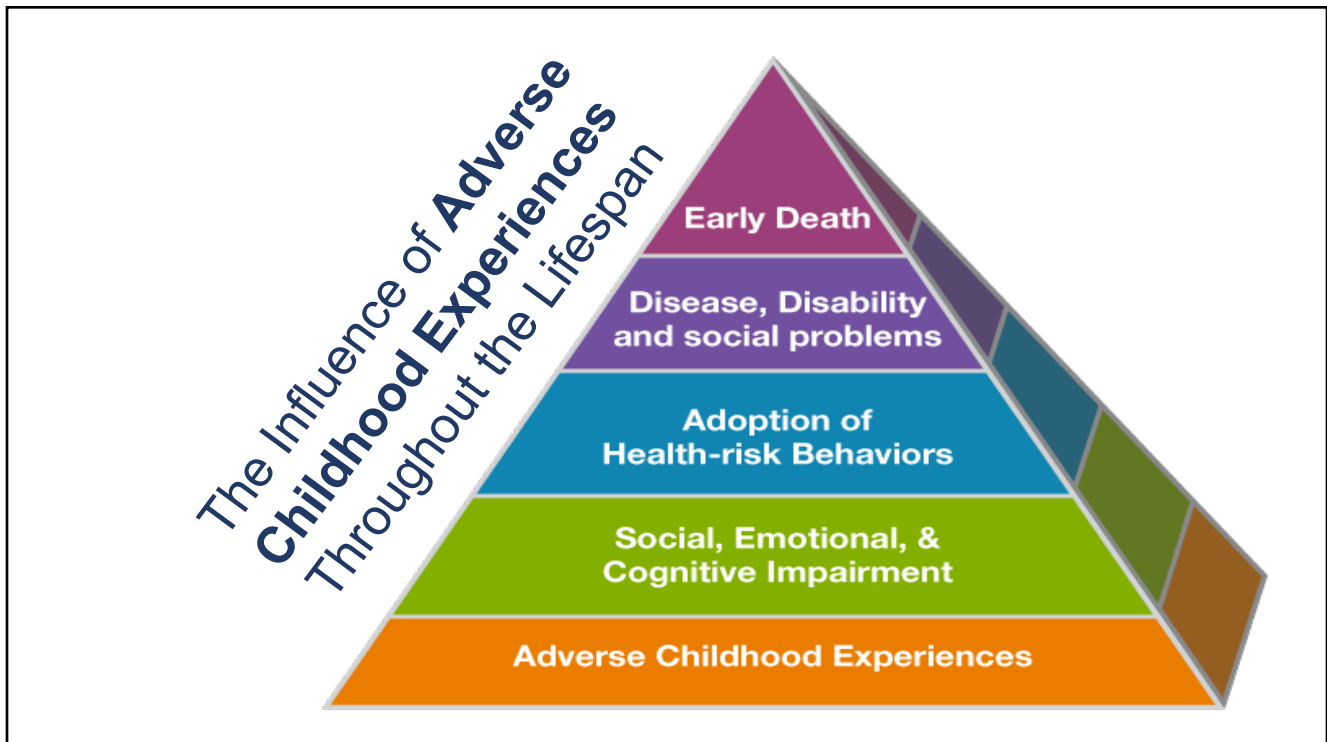
How do we identify children who have experienced trauma?

What to look for:

Abrupt changes in affective, behavioral, cognitive, or interpersonal functioning

- Withdrawal from peers
- Decline in school performance
- Physical complaints with no apparent cause
- Threats of harm to self or others
- Repeated nightmares
- Regression in behaviors
- Sleeping and eating disturbances

(National Association of School Psychologists Safety and Crisis Response Team)

Screening

- ▸ Trauma screening may be added to school-wide behavior screening procedures

- ▸ Considerations:
  - ▸ Time and monetary resources
  - ▸ Accurate informants for young children
  - ▸ Referral sources
  - ▸ Appropriate accommodations in schools

So what can educators and schools do to build resilience in students?

Framework: Trauma Lens

▸ Therapeutic approach versus punitive

▸ Understand student behavior as symptom of trauma

▸ Provide support to change behavior rather than punishment
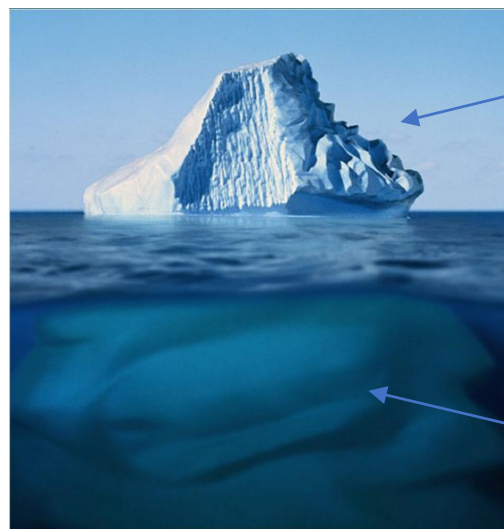
Behavior

feelings, thoughts, triggers, physiological arousal

Strategy 1: Universal Supports

‣ Utilize strategies that help *all* kids feel safe, secure, and supported in school
  ‣ A positive and safe environment can build resilience and helps children use their "learning brain"

‣ Promote a positive School Climate
  ‣ Strengthen PBIS or MTSS framework
  ‣ Build interpersonal relationships with students
  ‣ Focus on teaching expectations and reinforcing appropriate behavior
  ‣ Increase positive interactions with students

Strategy 2: Consistency

‣ Visual schedules and routines
‣ Set clear and consistent expectations
‣ Set boundaries with patience

Strategy 3: Choices

‣ Avoid power struggles

‣ Give students choices throughout day

Strategy 4: Model Appropriate Behavior

‣ Engage in problem-solving
  ‣ Identify problems
  ‣ Analyze solutions
‣ Model appropriate ways to deal with frustration or anger
‣ Engage in activities that stimulate both the mind and the body
  ‣ Model coping skills such as deep breathing, mindfulness, relaxation techniques

2/22/18

Strategy 5: Teach Social Emotional Skills

‣ Teach self awareness
  ‣ Identify emotions
  ‣ Recognize strengths

‣ Teach social awareness

‣ Build relationship skills
  ‣ Communication
  ‣ Social engagement

‣ Reduce physiological arousal symptoms
  ‣ Teach and model self-regulation strategies (e.g., coping strategies, impulse control, relaxation, mindfulness)

Strategy 6: Build Relationships

‣ Talk with students

  ‣ 2x10 strategy, have lunch with student, etc.
‣ Provide encouragement and support
  ‣ Attend extra curricular events, ask about interests/hobbies
‣ Learn about individual triggers and provide accommodations
‣ Seek out opportunities to make students feel important
  ‣ Special roles in the classroom, helping with jobs, etc.

Strategy 7: Identify Triggers

- Functional thinking

- Accommodate, adapt, and anticipate

- Teach replacement behaviors

Strategy 8: Utilize Community Resources

- Identify and connect with community resources
- Make sure families and kids are aware of resources

- <u>Potential community resources</u>: community mental health agencies; CACs; grief groups; after-school programs; child advocacy centers; refugee liaisons

Student Examples Revisited

1. Group Trauma

2. Cumulative Trauma

3. Acute Trauma

Conclusions

- Trauma Lens
  - Universal Supports
  - Consistency
  - Provide Students Choices
  - Model Appropriate Behavior
  - Teach Social Emotional Skills
  - Build Relationships
  - Identify Triggers
  - Utilize Community Resources

Thank You!

Please contact us with any questions

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